

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001811

Entity Name: HIGHLANDS CROSSING SUBDIVISON, PHASE 1, PROPERTY OWNERS ASSOCIATION, INC.**FILED**
Apr 01, 2014
Secretary of State
CC5813874981**Current Principal Place of Business:**6502 OAKPOINT DR
LAKELAND, FL 33813**Current Mailing Address:**P.O. BOX 159
HIGHLAND CITY, FL 33846**FEI Number: 03-0392121****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CURTIS, GERALD
6502 OAKPOINT DR
LAKELAND, FL 33813 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	CURTIS, GERALD
Address	6502 OAKPOINT DR
City-State-Zip:	LAKELAND FL 33813

Title	SECRETARY
Name	MONTGOMERY, PAT C
Address	6515 BEAL LANE
City-State-Zip:	LAKELAND FL 33813

Title	TREASURER
Name	WILLIAM, JUDY J
Address	6494 OAKPOINT DR.
City-State-Zip:	LAKELAND FL 33813

Title	DIRECTOR
Name	JOHNSON, WAYNE
Address	6340 PROMINENCE POINT
City-State-Zip:	LAKELAND FL 33813

Title	DIRECTOR
Name	METTS, HUEY
Address	6516 BEAL LANE
City-State-Zip:	LAKELAND FL 33813

Title	VP
Name	GORDON, MCCONNELL
Address	6251 HIGHLAND RISE
City-State-Zip:	LAKELAND FL 33813

Title	DIRECTOR
Name	CHERILYN, CURTIS
Address	6502 OAKPOINT DR
City-State-Zip:	LAKELAND FL 33813

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GERALD A CURTIS**PRESIDENT****04/01/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date